Effective October 1, 2003 [0,683727													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER I												R THAN	
TOTAL CLAIMS			17				ŀ	RATE	FEE	٦ .	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC F	SE 385.00	OA	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			17 minus 20=				1	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =		•	+		X43=	†	OR	X86=	86	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT	IESENT		<u>b</u>].	+145=	1	OR		190	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	856	
CLAIMSIAS AMENDED - PART II								OTHER THAN					
_		(Column 1)	,	(Column 2) (Column 3)				SMALI	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	• 17	Minus	-90)	0		X\$ 9=		OR	X\$18=	İ	
A	Independent		Minus 4		C) M/M	-0	┦	X43=		OR	- X86- -	-	
<u> </u>		RIASION OF MI	OCTIPLE DE					+145=	1	OR	+290=		
1, 5, 10 17 / O - 1 6 - U + TOTAL ADDIT. FEE									1	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 7	Minus	- 2	2)	•	1 [X\$ 9=		OR	X\$18=		
	Independent	dependent 4 Minus RST PRESENTATION OF MULTIPLE DE		PENDENT CLAIM		* ==	1 [X43=	-	OR	X86=		
	THE THESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290≖		
ADDI										OR	TOTAL ADDIT, FEE		
		(Column 1)		(Columi		(Column 3)						l	
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	•		± .	lΓ	X\$ 9=		OR	X\$18=		
	Independent				2	 -	X43=			X86≐			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR ASSE													
+145= OR +290=													
-11	"If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE												
Ť	he "Highest Num	ber Previously Paid	For (Total or	independent	l) is the h	ighest numbe	r foun	d in the app	propriate box	th colu	mn 1.		

Application or Docket Number